

APPLICATION FOR RECONSTRUCTION TO LIQUOR LICENSE

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

Application:

- **Must include processing fee of \$45.00 checks made payable to Nebraska Liquor Control Commission (NLCC)**
- **Must include simple hand drawn sketch showing area to licensed, must include outside dimensions in feet (not square feet), show direction north.
NO BLUE PRINTS**
- **May include approval from the local governing body; no reconstruction shall be approved unless endorsed by the local governing body**
- **Check with your local governing body for any additional requirements that may be necessary in making this request for reconstruction**

LIQUOR LICENSE # _____ CLASS TYPE _____

LICENSEE NAME _____

TRADE NAME _____

PREMISE ADDRESS _____

CITY _____

CONTACT PERSON _____

PHONE NUMBER OF CONTACT PERSON _____

EMAIL ADDRESS OF CONTACT PERSON _____

BARCODE
LABEL

1. What is being reconstructed?
Explain why this area is being rebuilt

2. Include a sketch of the area to be licensed showing:
- ✓ Include sketch of building to be licensed with length & width in feet
 - ✓ Is outdoor area to be licensed include on sketch with length & width
 - ✓ Indicate the direction north
 - ✓ Indicate single story building or give number of floors, how many are licensed
 - ✓ Indicate if there is a basement to be included in the licensed description
3. If reconstructing an outdoor area explain:
- ✓ type of fencing
 - ✓ height of fence
 - ✓ length & width of outdoor area in feet

12.07 Outdoor area shall mean an outdoor area included in licensed premises, which is used for the service and consumption of alcoholic liquors and which is contained by a permanent fence, wall or other barrier approved by the Commission and shall be in compliance with all building and fire, or other applicable local ordinances. Rule Chapter 2-012.07

I acknowledge under oath that the premises as reconstructed to comply in all respects with the requirements of the act. Neb Rev Stat §53-129

Signature of Licensee or Officer

State of Nebraska
County of _____ The foregoing instrument was acknowledged before me this

_____ by _____
Date name of person acknowledged (individual(s) signing document)

Notary Public signature

Affix Seal
